

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

216978

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

COPY  
Posted: too  
Dept: S.A.  
Date: 3/28/09  
Time: 3:45  
**RECEIVED**  
MAY 22 2009  
ORS  
T, T, W, W/W

DOCKET

NUMBER: 2009-212-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: CARLTON F. LANG Telephone: 803-397-1870  
Address: 1000 WINDSOR SHORES DR Fax:                       
APT 15H Other:                       
COLUMBIA, SC 29223 Email: CHANG10700@GMAIL.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Application – Class C Taxi  | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class B Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: <u>                    </u>            |

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MAY 27 2009

PSC SC  
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*Handwritten signature*

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

ATTN: DOCKETING DEPARTMENT

101 EXECUTIVE CENTER DRIVE

COLUMBIA, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

RECEIVED

MAY 22 2009

(Office # 803-896-5100)

(Fax # - 803-896-5199)

CLASS C - NON-EMERGENCY

DATE \_\_\_\_\_, 20\_\_\_\_ T, T, W, W/W

TAXI

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Carlton F. Lang dba  
CARLTON'S DISCOUNT TAXI

2. (a) Street Address of Applicant 1000 WINDSOR SHORES DR, #15H

COLUMBIA, SC 29223-1714

(b) Mailing address, if different from street address \_\_\_\_\_

(c) Telephone Number 803-397-1870

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:  
Month: MAY Year: 2009

|                                     |                 |
|-------------------------------------|-----------------|
| <b>Assets:</b>                      |                 |
| Cash                                | 2400.00         |
| Receivables                         |                 |
| Real Estate                         |                 |
| Buildings and Equipment-Net         |                 |
| Motor Vehicles-Net                  | 3000.00         |
| Garage Equipment-Net                |                 |
| Machinery and Tools-Net             | 300.00          |
| Supplies on Hand                    |                 |
| Prepays and Other Assets            |                 |
| <b>Total Assets</b>                 | <b>5,700.00</b> |
| <b>Liabilities and Equity:</b>      |                 |
| Accounts Payable                    |                 |
| Notes Payable                       |                 |
| Mortgages Payable                   |                 |
| Equipment Obligations               |                 |
| Accrued Salaries and Wages          |                 |
| Other Accrued Obligations           |                 |
| Other Liabilities                   |                 |
| <b>Total Liabilities</b>            | <b>0.00</b>     |
| Capital Stock                       | 0.00            |
| Retained Earnings                   | 0.00            |
| <b>Total Equity</b>                 | <b>0.00</b>     |
| <b>Total Liabilities and Equity</b> | <b>0.00</b>     |

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF RICHLAND

I, CARLTON F. LANG OWNER  
(Name of Applicant's Representative) (Title)

of CARLTON'S DISCOUNT TAXI the Applicant for the Certificate of Public (Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

This the 22nd day of May 2009  
[Signature]  
(Notary Public)

Commission Expires: June 4, 2011

**ANGELA M SHARPERSON**  
Notary Public State of South Carolina  
My Commission Expires June 4, 2011

[Signature]  
(Signature of Applicant's Representative)

EXHIBIT C

Taxi. *dl*  
~~NON EMERGENCY~~

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant CARLTON'S DISCOUNT TAXI

For the transportation of passengers as follows:

Area to be served: COLUMBIA AND RICHLAND +  
LEXINGTON COUNTY STATEWIDE

Number of passengers: 7

Fares: \$1.80 DROP, \$2 MILE, \$18.00 WAITING  
TIME

\*\*\*\*\*

Date 5/18/2009

*[Signature]*  
By

Owner  
Title

## EXHIBIT D

**STATE OF SOUTH CAROLINA**  
**PUBLIC SERVICE COMMISSION**

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Seats if passenger carrier or tonnage if freight carrier.

\* Designate if equipped with wheelchair lift

CARLTON'S DISCOUNT TAXI  
(Applicant)

Date: 5-21-09

CHARLTON F. HANC  
(Applicant's Representative)

① WNER  
(Title)

## Carlton

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**From:** Jerry Poston [jerry@commercial-ins.com]  
**Sent:** Wednesday, May 20, 2009 2:05 PM  
**To:** clang10700@gmail.com  
**Subject:** QUOTE  
**Attachments:** CARLTON QUOTE.pdf

IF YOU NEED ANYTHING ELSE JUST GIVE ME A CALL.  
TKS. JERRY

## Jerry Poston

Personal / Commercial Agent



COMMERCIAL INSURANCE  
SERVICES<sub>INC</sub>

**"Protecting Your Business, Is Our Business"**

1245 Celebration Blvd, Florence, SC 29501

Phone 843-407-4090 x 103 office

Fax 843-664-0831

[www.commercial-ins.com](http://www.commercial-ins.com)

**P.S. Please note our office number has changed from 843-664-0036 to 843-407-4090**

The following insurance quote is for:

CARLTON Discount TAXI DBA CARLTON F. LANG  
(Name of Motor Carrier)

1000 Windsor Shores Dr., #15H Columbia, SC 29223  
(Address of Motor Carrier)

**Amount of Premium:**

Liability Insurance 6564.00

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

|                   |   |                       |
|-------------------|---|-----------------------|
| 1 - 7 passengers  | - | 25,000/50,000/25,000  |
| 8 - 15 passengers | - | 25,000/100,000/25,000 |

CANAL Insurance Company  
(Insurance Company Name)

PO Box 7 Greenville, SC 29602  
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

5-20-2009

Date

Jerry Paston

(Authorized Insurance Company Representative)

843-407-4090